

Docket: 1905 CON II



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James F. McGuckin, Jr.

Serial No: To Be Assigned Group Art Unit: Unknown

Filed: Herewith Examiner: Unknown

For: **HOLLOW CURVED SUPERELASTIC MEDICAL NEEDLE AND METHOD**

APPLICATION TRANSMITTAL LETTER

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the [x] utility [] design patent application in this case including:

1. [X] This application is a [X] Continuation; [] Divisional [] Continuation in Part of prior application serial no. 10/201,112 filed on July 22, 2002, which is a continuation of application serial no. 09/668,067, filed on September 22, 2000 which is a divisional of application serial no. 09/457,844 filed on December 9, 1999 which claims priority from Provisional applications nos. 60/111,624 filed on December 9, 1998 and serial no. 60/130,597 filed on April 22, 1999 [entire genealogy should be set forth].
2. [] This application claims priority from Provisional Application No. _____, filed _____.
3. [X] The application consisting of 31 pages (including specification, claims and abstract).
4. [X] 11 sheet(s) of [x] informal [] formal drawings are enclosed.
5. [X] A copy of the signed declaration and power of attorney from parent application serial no. 10/201,112 filed on July 22, 2002 is enclosed.

The inventor(s) is/are: James F. McGuckin, Jr.

6. [] An Assignment of the invention to Rex Medical is enclosed. Please record the Assignment and return it to the undersigned. **TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.**

7. [X] The Application filing fee is calculated below based on the accompanying Preliminary Amendment:

No. Filed	No. Extra*	Rate:	Fee
Basic Fee:			
Total Claims:	1 - 20 = 0	x 9.00	\$ 370.00
Indep Claims:	1 - 3 = 0	x 42.00	\$ 0.00

[] Multiple Dependent Claims
Presented + \$280.00 \$ 0.00

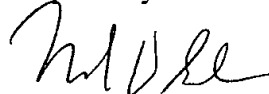
TOTAL: \$ 370.00

8. [X] Please charge Deposit Account No. 501567 in the amount of \$370.00 which includes filing fee and recordation fee. **TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.**

9. [X] The Commissioner is hereby authorized to charge any additional fees which may be required for this application, or credit any overpayment to Deposit Account No. 501567. **TWO DUPLICATE COPIES OF THIS SHEET ARE ENCLOSED.**

10. [X] Please amend page 1 of the application to delete lines 1-6 describing the cross-reference to related applications and substitute therefor "This application is a continuation of application serial no. 10/201,112 filed on July 22, 2002, which is a continuation of application serial no. 09/668,067, filed on September 22, 2000 which is a divisional of application serial no. 09/457,844 filed on December 9, 1999 which claims priority from Provisional Application serial no. 60/111,624 filed on December 9, 1998 and 60/130,597 filed on April 22, 1999."

Respectfully submitted,



Date: 10/2/03

Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

Rex Medical, L.P.
555 North Lane
Suite 6101
Conshohocken, PA 19428
(610) 940-0665

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James F. McGuckin, Jr.

Serial No. To Be Assigned

Group Art Unit: Unknown

Filed: Herewith

Examiner: Unknown

For: **HOLLOW CURVED SUPERELASTIC MEDICAL NEEDLE AND METHOD**

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF EXPRESS MAILING

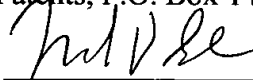
"Express Mail" Mailing Label No.: EU084192381US

Date of Deposit: October 3, 2003

I hereby certify that the following:

- ☒ This Certificate of Express Mailing
- ☒ Application Transmittal letter
- ☒ A patent application consisting of 31 pages
of abstract, specification and claims
- ☒ A copy of the signed Declaration and Power of Attorney from parent
application serial no. 10/201,112 filed on July 22, 2002
- ☒ 11 sheets of [] formal [X] informal drawings
- ☒ Preliminary Amendment
- ☒ Amendment Fee Transmittal
- ☒ Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Neil Gershon
Rex Medical
2023 Summer Street
Suite 2
Stamford, CT 06905
(203) 348-0377

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James F. McGuckin, Jr.
 Serial No.: To Be Assigned Group Art Unit: Unknown
 Filed: Herewith Examiner: Unknown
 For: HOLLOW CURVED SUPERELASTIC MEDICAL NEEDLE AND METHOD

AMENDMENT FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments			Rate Extra	Additional Fee
Total Claims*	2	-	21	=	0	x \$ 9.00	\$ 0.00
Independent Claims	1	-	3	=	0	x \$42.00	\$ 0.00
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$270.00 to additional fee.)						\$ <u>0.00</u>
	Total:						\$ 0.00

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

☒ Charge the fee of \$0.00 to Deposit Account No. 501567
 TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

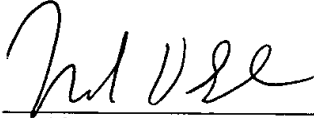
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.
- [] Pursuant to 37 C.F.R. §1.48(b) an Amendment and Petition to Delete Inventor(s) is enclosed.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a):
[please check one]

1. [] Is enclosed herewith.
2. [X] Is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted.

Dated: 10/2/03

By: 
Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

Rex Medical
2023 Summer St.
Suite 2
Stamford, CT 06905
(203) 348-0377